

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30910

State File No.

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4060 Registrar's No. 38

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mirabile, Twp.</u> <u>0180</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Glicks Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walker</u> b. (Middle) <u>Isaac</u> c. (Last) <u>Sackman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 -- 29 - 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 5 - 1859</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Mirabile, Misspuri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William B Sackman</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bozarth</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Sackman. Cameron, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 20, 1952, to Aug 29, 1952, that I last saw the deceased alive on 8-28, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Webb M.D.</u> (Degree or title)	23b. ADDRESS <u>Breckenridge, Mo.</u>	23c. DATE SIGNED <u>8-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-31-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mirabile Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mirabile, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-14-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark,</u>	ADDRESS <u>Kingston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Cramer Clark

Signed.....

Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.